Zambia Prevention Care and Treatment Partnership (ZPCTII)

Performance Monitoring Plan

1st August 2009 – 31st May 2014

Funded by the President's Emergency Plan for AIDS Relief through U.S. Agency for International Development

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A. Introduction and Rationale for the PMP

Performance Monitoring Plan

This document contains our Performance Monitoring Plan (PMP) for the Zambia Prevention Care and Treatment Partnership (ZPCTII) project, including a Results Framework and performance indicator matrix.

ZPCT II has built on ZPCT's M&E system to meet the information needs of the GRZ, USG, USAID/Zambia and the program consistent with MoH and NAC requirements. This ZPCT II M&E system assures high data quality from the facility level up to national level through built-in checks and data quality assurance mechanisms. These mechanisms to check internal consistency are built into the Microsoft Access database developed for data management and processing for ZPCT and carried into ZPCT II. The M&E system will document and disseminate program results, achievements and lessons learned to relevant partners (national, provincial, district and donors), while also highlighting progress towards targets during project implementation. This will facilitate critical programmatic decision-making built on an effective feedback system at all levels. Baseline data for ZPCT II are formulated from routine data collected from service statistics at the end of the ZPCT project in 2009.

Performance Monitoring

All ZPCT II partners (MoH and private-sector health facilities, CBOs, FBOs, etc.) submit monthly service statistics based on OGAC/MoH/NAC indicators to the project's provincial offices. The data collection system is based on and supports the official MoH DHIS, in line with the "Three Ones" principle (one national coordinating authority, one strategic framework, one M&E system). Primary data is collected at the facility level using GRZ-approved tools and used to generate monthly service delivery reports for all technical areas. Reports provide immediate feedback on performance, and also are used to review progress and improve service delivery in quarterly feedback meetings with the partners. This process builds partners' capacity to 1) utilize data for decision-making, 2) measure progress toward reaching targets, and 3) use the findings of the QA/QI system (discussed below) to improve quality of care according to national standards. In the private sector, we will introduce MoH-approved tools and provide technical support to ensure data is reported into both the HMIS and project M&E system. ZPCT II will disseminate program information and lessons learned through workshops, conferences and publications.

Data quality is assured through semi-annual data quality audits for reliability and accuracy. Representative samples of health facilities and other service delivery points such as CBOs are drawn, with all indicators reconstructed and then compared with submitted reports. Documentation will then

be generated for any possible mismatches, providing the basis for technical assistance to correct problems.

The ZPCT II developed a QA/QI system, which is based on national SOPs and guidelines for all technical areas, which is designed to measure and improve the quality of care on a rolling basis throughout program implementation. Administered quarterly, QA/QI tools generate information on the actual level of quality being provided at supported public and private health facilities, while also clearly identifying areas for improvement. This information also feeds into the performance monitoring system.

Evaluation

ZPCT II will participate in the USAID-funded mid-term and final evaluations. Project data, combined with other data sources, will be compared with baseline findings to establish program outcomes and impacts. In addition ZPCT II will conduct ongoing program evaluation, including operational research with the MoH

The PMP is a critical management tool used to plan and manage the collection, analysis, and reporting of performance data. The ZPCTII PMP provides the framework for the monitoring and evaluation (M&E) system, which tracks the project's delivery of quantitative results to measure progress, with the aim of contributing to USAID/Zambia's strengthening of National Health System and associated Intermediate Results (IR).

B. Project's Background

Overview of ZPCTII Program

Objectives and strategies of ZPCT II

ZPCT II supports the Zambian Government's vision of a 'nation free from the threat of HIV and AIDS' through its support to the MOH in scaling up and strengthening HIV/AIDS services. The project has the following objectives:

1. Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.
2. Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.
3. Increase the capacity of the PHOs and DHOs to perform technical and program management functions.

4. Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
5. Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

In order to achieve these objectives, FHI is collaborating with a range of international and local partners, including NGOs, community based organizations, and faith-based organizations (FBOs). The international partners include Family Health International (FHI) as the prime, Management Sciences for Health (MSH), CARE International, Emerging Markets Group (EMG), Social Impact (SI) and The Salvation Army. Local partners include Kara Counseling and Training Trust (KCTT), Churches Health Association of Zambia (CHAZ), and the University Teaching Hospital. The national office is in Lusaka to ensure coordination and collaboration with USAID, other USG partners and USG-funded organizations, the GRZ and other cooperating agencies. There are also five provincial offices in each of the supported provinces.

ZPCT II Strategies

ZPCT II will support the MOH to expand HIV/AIDS services in the five provinces by working within the MOH structures and systems at all levels to implement program and management strategies to initiate, improve and scale-up PMTCT, CT and clinical care services for people living with HIV/AIDS (PLHA) and ART in all 42 districts in these five provinces. ZPCT II will build upon the health systems strengthening approach from ZPCT II, expanding entry points for CT, integrating CT into other health services; integrate PMTCT into existing maternal and child health services and support elimination of MTCT (eMTCT) as per the current national and global trends; decentralization of ART service to the lower levels of the health care system while maintaining quality of services with good laboratory and pharmaceutical support; initiation of MC services; strengthen community involvement through existing structures to create awareness of HIV/AIDS and prevention methods, as well as increase demand for services (both facility- and community-based).

C. Critical Assumptions

All the intended outcomes of the project as documented in this PMP are all subject to the following critical assumptions:

- GRZ and other stakeholders will remain committed to fighting the HIV/AIDS epidemic
- Required resources/financial aids needed to implement the set programs and activities will be made available in good time
- HCWs will be available to be trained and provide the relevant services
- GRZ will be open to task shifting where HCWs are inadequate

D. ZPCT II M&E Strategy

In order to meet the information needs of GRZ, the USG, PEPFAR, USAID/Zambia, and ZPCT II's management, the ZPCT II M&E Plan will be guided by the following strategies:

Strategy 1: To ensure adequate conceptualization and implementation of a harmonized M&E plan

- Ensure that the ZPCT II M&E Plan is consistent with national (MOH and NAC) M&E plans and requirements;
- All M&E indicators, data sources, baselines, targets, data collection activities and timeframe are stated in the M&E Plan;
- With ZPCT II M&E team support, each partner will define their own M&E Plan, in a participatory manner but in line with the overall project M&E concepts and approaches;
- Partner staff are trained on the ZPCT II M&E strategies.

Strategy 2: To ensure adequate utilization of the results from M&E activities to improve the implementation of project activities

- ZPCT II will document and disseminate to relevant partners (national, provincial, district and donors) the lessons learned;
- ZPCT II will document and disseminate to relevant partners ZPCT II 's progress towards targets during project implementation;
- ZPCT II will ensure that M&E results are presented in ways that can facilitate critical programmatic decision-making; and
- ZPCT II will establish an effective feedback system at all levels to ensure that important observations and situations are communicated to appropriate staff.

Strategy 3: To ensure that quality management system are an integral component of project implementation

- ZPCT II will deploy a ZPCT -developed QMS to ensure that project activities meet national and international standards through quality assurance and quality improvement (QA/QI) tools, direct observations and exit interviews; and
- ZPCT II will train relevant staff to conduct quality assessments.

Strategy 4: To ensure sustainability of the M&E efforts:

- ZPCT II will provide technical assistance on M&E to partners and to relevant national, provincial, and district level staff to strengthen their M&E activities;
- ZPCT II will use capacity building (workshops, refresher in-service training, on-the-job training, and mentoring) to strengthen local capacities on M&E, and;
- ZPCT II will ensure that monitoring and evaluation planning and implementation are conducted in a participatory manner, incorporating inputs from partners and other stakeholders.

E. ZPCT II Results Framework

The M&E system is designed to link activities to desired outputs, outcomes and impacts. This design is reflected in the ZPCTII Results Framework presented below, which is linked to USAID's strategic objective 7. To achieve overall project results, the ZPCT II Results Framework will be used to guide annual work planning, program implementation and routine monitoring and evaluation activities.

Indicators and Results

The M&E system will use the performance indicators listed in the framework below and others indicated on the indicator matrix to track progress of the project. Information collected will be used to inform program management improvements and strategic decisions. Where appropriate, indicators will be disaggregated by sex, age and so on.

The indicators are designed to:

- Capture major project process and outputs/achievements and expected outcomes
- Provide a picture of implementation progress and program quality
- Respond to USAID's program performance management needs

Objectives	Indicative activities	Intermediate results indicators	Results	Hypotheses/Critical Assumptions and Risk
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC	**1.1. Expand counseling and testing (CT) services** • **Training and mentoring of HCWs and community cadres in CT** • **Operationalization of services in health facilities** • **Commodity management** • **Community mobilisation activities**	• Service outlets providing CT according to national or international standards • Individuals who received HIV/AIDS CT and received their test results (including TB) • Individuals trained in CT according to national or international standards	• 430 health facilities providing CT in all clinical services, with 2,175,030 clients receiving HIV counseling and test results	• GRZ and other stakeholders will remain committed to fighting the HIV/AIDS epidemic • HCWs will be available to be trained and provide the relevant services • GRZ will be open to task shifting where HCWs are inadequate
	1.2. Expand prevention of mother-to-child transmission (PMTCT) services • **Training and mentoring of HCWs and community cadres in PMTCT** • **Operationalization of services in health facilities** • **Commodity management** • **Community mobilisation activities**	• Service outlets providing the minimum package of PMTCT services • Pregnant women who received HIV/AIDS CT for PMTCT and received their test results • HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT • Health workers trained in the provision of PMTCT services according to national or	• 410 facilities offering an integrated PMTCT package,* serving 856,787 pregnant women and providing antiretroviral prophylaxis to 87,900 HIV-positive clients	
	1.3. Expand treatment services and		• 170 facilities providing ART, initiating 135,000	

Objectives	Indicative activities	Intermediate results indicators	Results	Hypotheses/Critical Assumptions and Risk
	basic health care and support • **Training and mentoring of HCWs and community cadres in ART** • **Operationalization of services in health facilities** • **Community mobilisation activities** **1.4. Scale up male circumcision (MC) services** • **Training and mentoring of HCWs and community cadres in MC** • **Operationalization of services in health facilities** • **Community mobilisation activities**	international standards • Service outlets providing HIV-related palliative care (excluding TB/HIV) • Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) • Individuals trained to provide HIV palliative care (excluding TB/HIV) • Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting • HIV+ clients attending HIV care/treatment services that are receiving treatment for TB • Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed) • Registered TB patients who received HIV/AIDS CT and their test results at a USG-	new clients, 11,250 of them children, and supporting 205,102 currently on ART, including 14,121 children • 430 facilities providing basic health care to 522,600 HIV-positive clients, including 41,500 children** • 55 facilities offering MC as part of the MoH's comprehensive HIV/AIDS package • 50,364 males circumcised as part of the minimum package of MC for HIV prevention services	

Objectives	Indicative activities	Intermediate results indicators	Results	Hypotheses/Critical Assumptions and Risk
		supported TB service outlet • Service outlets providing ART • Individuals newly initiating on ART during the reporting period (adults and children) • Individuals receiving ART at the end of the period (adults and children) • Health workers trained to deliver ART services according to national or international standards • Service outlets providing MC services • Individuals trained to provide MC services		
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that	**2.1. Strengthen laboratory and pharmacy support services and networks** • **Training and mentoring of HCWs and community cadres in CT** • **Strengthening commodity**	• Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests • Individuals trained in the provision of laboratory-related activities	• 120 health facilities providing laboratory services that include HIV antibody tests and CD4 and/or lymphocyte tests • 410 facilities providing essential	

Objectives	Indicative activities	Intermediate results indicators	Results	Hypotheses/Critical Assumptions and Risk
emphasizes prevention, strengthens the health system, and supports the priorities of the MoH and NAC.	**management** • **Procurement and maintenance of lab equipment such as CD4 machines, chemistry and hematology analyzers** **2.2. Develop the capacity of facility- and community-based health workers** • **Training and mentoring of community cadres in CT** • **Placement of trained community cadres in health facilities** • **Service provision in CT, PMTCT and adherence counselling** **2.3. Engage community/faith-based groups**	• Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring • Community/lay persons trained in counseling and testing according to national or international standards (excluding TB) • Community/lay persons trained in the provision of PMTCT services according to national or international standards • Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	pharmacy/dispensing services • Training provided to health care workers and community volunteers in CT, PMTCT, ART, OI care, and laboratory and pharmacy services according to national and international standards • 42 referral networks coordinating services between facilities and communities to provide a seamless continuum of care reaching the household level	

Objectives	Indicative activities	Intermediate results indicators	Results	Hypotheses/Critical Assumptions and Risk
Objective 3: Increase the capacity of the PHOs and DHMTs to perform technical and program management functions.	**3.1. Increase the capacity of PHOs and DHMTs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services** **3.2. Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness** **3.3. Increase the problem-solving capabilities of PHOs, DHMTs and health facility managers to address critical HIV/AIDS program and service delivery needs** **3.4. Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities**	• Local organizations (PHOs and DHMTs) provided with technical assistance for HIV-related institutional capacity building	• 49 districts graduating from intensive assistance by meeting MoH-approved minimum quality and performance criteria in technical service-delivery areas (CT, PMTCT, ART, clinical care, laboratory and pharmacy services) and management of commodities, data and human resources • 55 PHOs and DHMTs with increased capacity to manage improved HIV/AIDS services	
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.	**1. Identification and selection of private health facilities to be supported** **2. Training and mentoring of HCWs and community cadres in PMTCT** **3. Operationalization of services in health facilities**	• Private health facilities providing HIV/AIDS services	• 30 public-private partnerships for HIV/AIDS service delivery established in all target provinces through implementation of tested technical approaches from the public sector	

Objectives	Indicative activities	Intermediate results indicators	Results	Hypotheses/Critical Assumptions and Risk
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.			• ZPCT II activities incorporated into all PHO and DHMT action plans annually • ZPCT II participating in all 12 TWGs with the MoH, NAC and other partners	

F. Performance Monitoring Plan Indicators Matrix

The list of indicators is presented in the Performance Management Plan matrix below, and it provides detailed information for each Objective, key activities, indicator, baseline data were available, targets proposed for each indicator and data sources. Indicators are selected on the basis of a number of conditions including the relevance to the project's objectives and its intended results, feasibility in their measurement, and specificity and sensitivity (measures only the condition and the changes in the condition they are intended to measure). The indicators, including those mandated by PEPFAR and the MoH, are arranged by technical area.

PMP Indicator Matrix

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline	Target & Result						Source of Data
						2009 (Aug 09-May10)	**2010** (Jun 10-Dec10)	**2011** (Oct 10-Sep 11)	**2012** (Oct11-Sep12)	**2013** (Oct 12-Sep 13)	**LOP** (Aug09-May14)	
Objective/Task 1 Key Results in all 49 Targeted Districts: **410 health facilities providing CT in all clinical services, with 2,354,227 clients receiving HIV counseling and test results** **392 facilities offering an integrated PMTCT package, serving 1,003,259 pregnant women and providing antiretroviral prophylaxis to 89,613 HIV-positive clients** **154facilities providing ART, initiating 156,752 new clients, 12,165 of them children, and supporting 206,823 currently on ART, including 14,239 children** **410 facilities providing basic health care to 392,000 HIV-positive clients, including 31,000 children** **55 facilities offering MC as part of the MoH's comprehensive HIV/AIDS package**	**1.1.Expand counseling and testing (CT) services**		Number of Service outlets providing CT according to national or international standards		**219**	271 [Result: 271]	296 [Result: 304]	351 [Result: 362]	**370** [Result: 392]	**430**	430	Provincial program reports
		P11.1.D	Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	-By age and sex: <15 Male, 15+ Male, <15 Female, 15+ Female -By test result: Positive, Negative	**218,882**	118,333 [Result: 404,664]	84,581 [Result: 352,996]	415,000 [Result: 686,495]	718,999 [Result: 791,066]	754,949	2,175,030	Integrated CT/PMTCT Register
		H2.3.D	Number of health care workers who successfully completed an in-service training program in CT		**323**	520 [Result: 506]	301 [Result:321]	438 [Result: 507]	377 [Result: 313]	488	2000	Training Database
	1.2. Expand prevention of mother-to-child transmission (PMTCT) services	PI.3.D	Number of health facilities providing ANC services that provide both HIV testing and ARVs for PMTCT on site		**210**	262 [Result: 262]	287 [Result: 295]	319 [Result: 351]	359 [Result: 378]	410	410	Provincial program reports
		P1.1.D	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	Includes: Known positives at entry; Number of new positives identified		 [Result: 16,583]	 [Result: 12,310]	 [Result: 21,328]	21,800 [Result: 22,875]	22,890	856,787	Integrated CT/PMTCT Register
		P1.2.D	Number and percentage of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	By Regimen Type: Life-long ART (including Option B+); Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery); Maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery); Single-dose nevirapine (with or without tail)	**19,457**	11,214 [Result: 18,468 = 111%]	8,183 [Result: 11,941= 97%]	15,000 [Result: 21,736= 100%]	21,276 [Result: 16,791= 73%]	22,340	87,900	Integrated CT/PMTCT Register
		P1.4.D	Number of HIV-positive pregnant women assessed for ART eligibility through either clinical staging (using WHO clinical staging			 [Result:	 [Result:	9,240 [Result:	15,260 [Result:	18,312		Integrated CT/PMT

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline	Target & Result						Source of Data
						2009 (Aug 09-May10)	**2010** (Jun 10-Dec10)	**2011** (Oct 10-Sep 11)	**2012** (Oct11-Sep12)	**2013** (Oct 12-Sep 13)	**LOP** (Aug09-May14)	
			criteria) or CD4 testing in USG-supported sites			7,798]	6,746]	10,863]	11,654]			CT Register
		P1.5.D	Number of HIV-positive pregnant women newly enrolled into HIV care and support services			[Result: 3,834]	[Result: 3,137]	[Result: 5,563]	10,682 [Result: 4,963]	12,818		Pre-ART Register/ Smartcare
		P1.6.D	Number of Infants by feeding type	By Type of feeding (Exclusive breastfeeding, exclusive formula feeding, mixed feeding)			883	6,127	7,641			Baby Mother Follow up register
		H2.3.D	Number of health care workers who successfully completed an in-service training program in PMTCT		**204**	1,150 [Result: 1,108]	840 [Result:869]	968 [Result: 1,074]	435 [Result: 523]	280	4,200	Training Database
	1.3.Expand treatment services and basic health care and support		Number of Service outlets providing HIV-related palliative care (excluding TB/HIV)		**219**	271 [Result: 271]	296 [Result: 304]	351 [Result: 362]	**370** [Result: 392]	**430**	430	Provincial program reports
		C1.1.D	Number of eligible adults and children provided with a minimum of one care service	By sex and age: <18 Male, 18 + Male, <18 Female, 18+ Female		[Result: 154,831]	[Result: 176,573]	170,000 [Result: 205,809]	268,986 [Result: 242,981]	282,435		Smartcare
		C2.1.D	Number of HIV-positive adults and children receiving a minimum of one clinical service	By age and sex: <15 Male, 15 + Male, <15 Female, 15+ Female	**120,148**	90,000 [Result: 154,831]	96,412 [Result: 176,573]	170,000 [Result: 205,809]	268,986 [Result: 242,981]	282,435	522,600	ART Registers, OPD records, and SmartCare
		C2.2.D	Number of HIV-positive persons receiving Cotrimoxale prophylaxis			[Result: 18,446]	[Result: 15,823]	20,500 [Result: 206,401]	209,524 [Result: 140,438]	220,000		ART Registers, OPD records, and SmartCare
		C4.1.D	Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth			[Result: 23%	[Result: 100%]	[Result: 76%]	[Result: 67%]	80%		Baby Mother Follow up register
			Infants who received virological testing in the first 2 months			[Result: 270]	[Result: 3,008]	5,390 [Result: 5,383]	11,341 [Result: 5,696]	13,893		Baby Mother Follow up register
			Infants who were tested virologically for the first time between 2 and 12 months or who had an antibody test between 9 and 12 months			[Result: NA]	[Result: 1,144]	11,500 [Result: 7,100]	7,561 [Result: 11,181]	5,954		Baby Mother Follow up register
		C4.2.D	Percent of infants born to HIV-infected women that are started on Cotrimoxizole prophylaxis within two months of birth at USG supported sites within the reporting period			[Result: 59%]	[Result: 57%]	[Result: 59%]	[Result: 53%]	60%		Baby Mother Follow up register
		H2.3.D	Number of health care workers who successfully completed an in-service training program to provide HIV palliative care		**502**	600	364	505	377	377	2,500	Training Database

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline	Target & Result						Source of Data
						2009 (Aug 09-May10)	**2010** (Jun 10-Dec10)	**2011** (Oct 10-Sep 11)	**2012** (Oct11-Sep12)	**2013** (Oct 12-Sep 13)	**LOP** (Aug09-May14)	
			(excluding TB/HIV)			[Result: 572]	[Result: 406]	[Result: 603]	[Result: 447]			
		T1.5.D	Number of health facilities that offer ART	by type of site: Public and Private	**97**	121 [Result: 116]	128 [Result: 132]	351 [Result: Public 132, Private 9]	139 Public 133, Private 18]	170	170	Provincial program reports
		T1.1.D	Number of adults and children with HIV infection newly enrolled on ART	By age/sex: <15 Male, 15+ Male, <15 Female, 15+ Female	**26,038**	19,167 [Result: 25,045]	13,489 [Result: 17,464]	24,000 [Result: 31,007]	37,487 [Result: 30,480]	37,487	135,000	ART Registers and SmartCare
		T1.2.D	Number of adults and children with HIV infection receiving antiretroviral therapy (ART)	By age/sex: <1, <15 Male, 15+ Male, <15 Female, 15+ Female	**80,374**	79,732 [Result: 106,254]	90,148 [Result: 122,105]	104,200 [Result: 141,851]	182,504 [Result: 158,817]	205,102	205,102	ART Registers and SmartCare
		T1.3.D	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy			[Result: 97%]	[Result: 96%]	[Result: 85%]	[Result: 82%]	85%	85%	
			Number of adults and children who are still alive and on treatment at 12 months after initiating ART	<15 15+ <15 Males <15 Females 15+ Males 15+ Females		[Result: 19,580]	[Result: 14,105]	20,000 [Result: 26,092]	31,864 [Result: 25,817]	31,864		ART Registers and SmartCare
			Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	<15 15+ <15 Males <15 Females 15+ Males 15+ Females		[Result: 20,102]	[Result: 14,631]	23,000 [Result: 30,715]	37,487 [Result: 31,538]	37,487		ART Registers and SmartCare
		T1.4.D	Number of adults and children with advanced HIV-infection who ever started on ART			[Result: 145,366]	[Result: 167,340]	13,039 [Result: 151,065]	[Result: 180,985]			ART Registers and SmartCare
		H2.3.D	Number of health care workers who successfully completed an in-service training program in ART		**502**	600 [Result: 572]	364 [Result: 406]	505 [Result: 603]	**630** [Result: 447]	**630**	2500	Training Database
	TB/HIV		Number of Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting		**219**	271 [Result: 271]	296 [Result: 304]	351 [Result: 362]	**370** [Result: 392]	**370**	430	Provincial program reports
		C2.4.D	Percent of HIV-positive patients who were screened for TB in HIV care or treatment settings			[Result: 2%]	[Result: 6%]	[Result: 9%]	[Result: 24%]	30%		ART Registers and SmartCare
		C2.5.D	Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment		**4,332**	[Result: 3%]	[Result: 2%]	[Result: 3%]	[Result: 2%]	3%		ART Registers, OPD

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline	Target & Result						Source of Data
						2009 (Aug 09-May10)	**2010** (Jun 10-Dec10)	**2011** (Oct 10-Sep 11)	**2012** (Oct11-Sep12)	**2013** (Oct 12-Sep 13)	**LOP** (Aug09-May14)	
												records, and SmartCare
		H2.3.D	Number of health care workers who successfully completed an in-service training program in treatment for TB to HIV+ individuals (diagnosed or presumed)		**502**	600 [Result: 572]	364 [Result: 406]	505 [Result: 606]	377 [Result: 447]	377	2,500	Training Database
		C3.1.D	Number of TB patients who had an HIV test result recorded in the TB register		**5,470**	4,683 [Result: 4,661]	3,479 [Result: 4,482]	8,000 [Result: 10,365]	**6,270** [Result: 11,639]	**4,152**	32,581	TB Registers and Integrated CT/PMTCT Registers
	1.4.Scale up male circumcision (MC) services	P5.3.D	Number of Service outlets providing MC services		**0**	16 [Result: 15]	22 [Result:23]	34 [Result: 30]	50 [Result: 55]	50	55	Provincial program reports
		P5.1.D	Number of males circumcised as part of the minimum package of VMMC for HIV prevention services	by age: <1, 1-9, 10-14, 15-19, 20-24, 25-49, 50+		[Result: 346]	[Result: 1,918]	1,000 [Result: 6,237]	6,459 [Result: 23,221]	20,000	50,364	MC Register
		P5.2.D	Number of clients circumcised who experienced one or more moderate or severe adverse event(s) within the reporting period	by severity (moderate and/or severe)		[Result: 3]	[Result: 168]	[Result: 278]	258 [Result: 52]	271		MC Register
		P5.4.D	Number of males circumcised within the reporting period who return at least once for post-operative follow-up care (routine or emergent) within 14 days of surgery			[Result: 90]	[Result: 712]	800 [Result: 2,129]	3,875 [Result: 10,414]	4,747		MC Register
		H2.3.D	Number of health care workers who successfully completed an in-service training program in MC		**0**	100 [Result: 104]	60 [Result:32]	85 [Result: 90]	68 [Result: 96]	80	390	Provincial program reports
	1.5. Scale up Post-Exposure Prophylaxis (PEP) care as part of comprehensive HIV prevention, occupational health, and post-rape care	P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP)	By exposure type: Occupational, Rape/Sexual Assault Victims, or Other Non-Occupational		[Result: 120]	[Result: 274]	180 [Result: 471]	467 [Result: 579]	512		PEP Register
	1.6. PwP	P7.1.D	Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	By setting where reached: in a clinic/facility-based		[Result: 30,820]	[Result: 37,491]	24,000 [Result: 48,782]	56,473 [Result: 62,051]	59,297		Smartcare
Objective/Task 2 Key Results in all 49 Targeted Districts: **121 health facilities providing laboratory services that include HIV antibody tests and CD4 and/or lymphocyte tests** **410 facilities providing essential**	2.1. Strengthen laboratory and pharmacy support services and networks	H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests		**81**	96 [Result: 84]	103 [Result: 81]	111 [Result: 139]	1**11** [Result: 145]	**111**	**145**	Provincial program reports
		H2.3.D	Number of health care workers who successfully completed an in-service training program of laboratory-related activities		**114**	80 [Result: 192]	42 [Result:230]	200 [Result: 267]	70 [Result: 176]	**130**	**900**	Training Database
		H1.2.D	Number of testing facilities (laboratories) that are recognized by national, regional, or					1				Provincial

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline	Target & Result						Source of Data
						2009 (Aug 09-May10)	**2010** (Jun 10-Dec10)	**2011** (Oct 10-Sep 11)	**2012** (Oct11-Sep12)	**2013** (Oct 12-Sep 13)	**LOP** (Aug09-May14)	
pharmacy/dispensing services			international standards for accreditation or have achieved a minimal acceptable level towards attainment of such accreditation				[Result: 0]	[Result: 0]	[Result:0]			program reports
Training provided to health care workers and community volunteers in CT, PMTCT, ART, OI care, and laboratory and pharmacy services according to national and international standards (see Indicator Table on pages 26-27) **49 referral networks coordinating services between facilities and communities to provide a seamless continuum of care reaching the household level**		H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	By Sex By service: CT, PMTCT and ART	**410**	911 [Result: 1,070]	518 [Result: 678]	1,205 [Result: 371]	**1,055** [Result: 444]	**1,018**	**4,425**	Training Database
		H2.3.D	Number of health care workers who successfully completed an in-service training program				[Result: 3,276]	2,196 [Result: 2,541]	[Result: 1,550]			Training Database
Objective/Task 3 Key Results: **42 districts graduating from intensive assistance by meeting MoH-approved minimum quality and performance criteria in technical service-delivery areas (CT, PMTCT, ART, clinical care, laboratory and pharmacy services) and management of commodities, data and human resources** **55 PHOs and DHMTs with increased capacity to manage improved HIV/AIDS services**	3.1. Increase the capacity of PHOs and DHMTs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services 3.2. Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness 3.3. Increase the problem-solving capabilities of PHOs, DHMTs and health facility managers to address critical HIV/AIDS program and service delivery needs 3.4. Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities		Number of Local organizations (PHOs and DHMTs) provided with technical assistance for HIV-related institutional capacity building			47 [Result: 47]	47	**20**	**47**	**47**	55	Provincial program reports
Objective/Task 4 Key Result: **30 public-private partnerships for HIV/AIDS service delivery established in all target provinces**			Number of Private health facilities providing HIV/AIDS services		**0**	6 [Result: 6]	12 [Result: 4]	18 [Result: 9]	**2**4 [Result: 18]	**30**	**30**	Provincial program reports

Key Results	Key Activities	PEPFAR CODE	Performance Indicators	Indicator Disaggregation	Baseline	Target & Result						Source of Data
						2009 (Aug 09-May10)	**2010** (Jun 10-Dec10)	**2011** (Oct 10-Sep 11)	**2012** (Oct11-Sep12)	**2013** (Oct 12-Sep 13)	**LOP** (Aug09-May14)	
through implementation of tested technical approaches from the public sector												
Objective/Task 5 Key Result: **ZPCT II activities incorporated into all PHO and DHMT action plans annually** **ZPCT II participating in all 12 TWGs with the MoH, NAC and other partners**												

G. Data Collection, Analysis and Use

Monitoring progress and evaluating results are key management functions in any performance-based management plan. Performance monitoring is an on-going process that allows managers to determine whether or not a program or activities are making progress towards its intended results. Information on performance plays a critical role in planning and management decisions. Evaluation is the periodic assessment of a project's relevance, performance, efficiency, and outcomes – both expected and unexpected – in relation to stated objectives. ZPCT II will participate in the USAID-funded mid-term and final evaluations. Project data, combined with other data sources, will be compared with baseline findings to establish program outcomes and impacts. In addition ZPCT II will conduct ongoing program evaluation, including operational research with the MoH.

The overall goal of this M&E system is to provide critical information for program decision-makers to assist them in guiding implementation of project activities towards the attainment of project objectives. This goal recognizes that the program's implementation may require adjustment to respond to evolving conditions, internal or external, to the project. Also, where there are real successes or new opportunities beyond what was contemplated, management decisions can be made to channel more resources into those growth areas.

ZPCTII has developed a full M&E plan for the project. This M&E plan provides exhaustive details of the nature and components of the M&E system planned for the project.

Organizational Structure for ZPCTII M&E system

The Senior Advisor Strategic Information is responsible for the design and implementation of monitoring and evaluation for FHI/Zambia PCT project. Under the supervision of the Director of Technical Support, he/she will oversee project activities related to HMIS, research, targeted evaluation, surveillance, surveys, monitoring and evaluation.

Under the supervision of the Senior Advisor, Strategic Information (SI), the Quality Assurance/Quality Improvement (QA/QI) Advisor will co-ordinate and support the roll out, monitoring, and documentation of the QA/QI system in all the five ZPCT II supported provinces. Assist with operations research and documentation of findings.

The Senior Data Manager will be part of the M&E team at ZPCT II and will work under the supervision of the Senior Advisor for Strategic Information. S/he will manage and maintain a comprehensive information resource for programs, ensure consistency and integrity of data; oversee collection and reporting of complex, related information. Interpret data, including statistical values, and provide advice and consultation regarding implications. S/he will participate in other activities related to HMIS, research, targeted evaluation, surveillance surveys and monitoring and evaluation as well as provide assistance and training to system users.

Responsible for maintaining the successful completion of design and implementation of the MIS drugs and commodities system for Zambia Prevention, Care, and Treatment (ZPCT II) Project. He/she coordinates and collaborates with the present MIS drugs and commodities program to ensure a smooth transition from the RPM Plus to the ZPCT II maintained service.

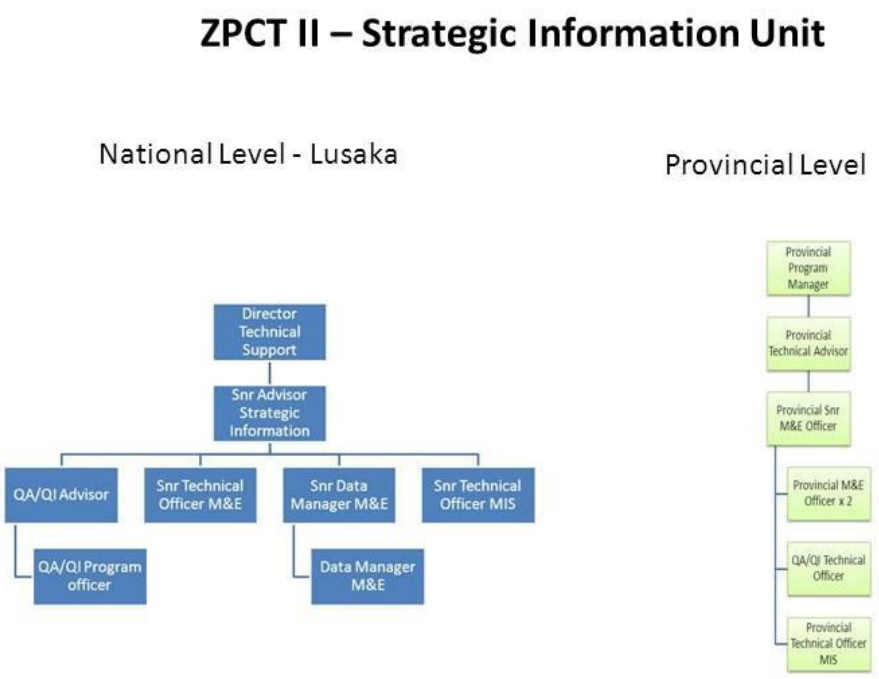
Under the Supervision of the Provincial Technical Advisor and with support from the Senior Advisor Strategic Information Systems, the Senior Provincial M&E officer is responsible for the overall operations of the M&E Unit in the province. S/he is responsible for the supervision of the M&E Officer in the province. S/he will provide guidance on design and implementation of functional and operational data collection systems, running databases at provincial level that will feed into the ZPCT II program. S/he will provide technical assistance to the Implementing agencies at provincial level in terms of data collection and reporting. S/he will be responsible for analyzing, presenting findings generated by provincial level activities under the guidance of the Senior Advisor.

The Provincial M&E officer is responsible for the design and implementation of functional and operational data collection systems, running databases at provincial level that will feed into the FHI/Zambia's country programs. Under the guidance of the Senior M&E Officer,
S/he will be responsible for analyzing and presenting findings generated by provincial level activities.

Under the supervision of the Advisor QA/QI the Quality Assurance/Quality Improvement (QA/QI), the PO will assist and support the roll out, monitoring, and documentation of the QA/QI system in all the five ZPCT II supported provinces. S/he shall assist with operations research and documentation of findings. Additionally, the program officer will serve as the officer in charge during the absence of the Advisor QA/QI and will represent the unit as needed.

The organogram below shows positions under the Strategic Unit in ZPCTII

ZPCT II M&E TEAM: ORGANOGRAM AND M&E POST DESCRIPTIONS

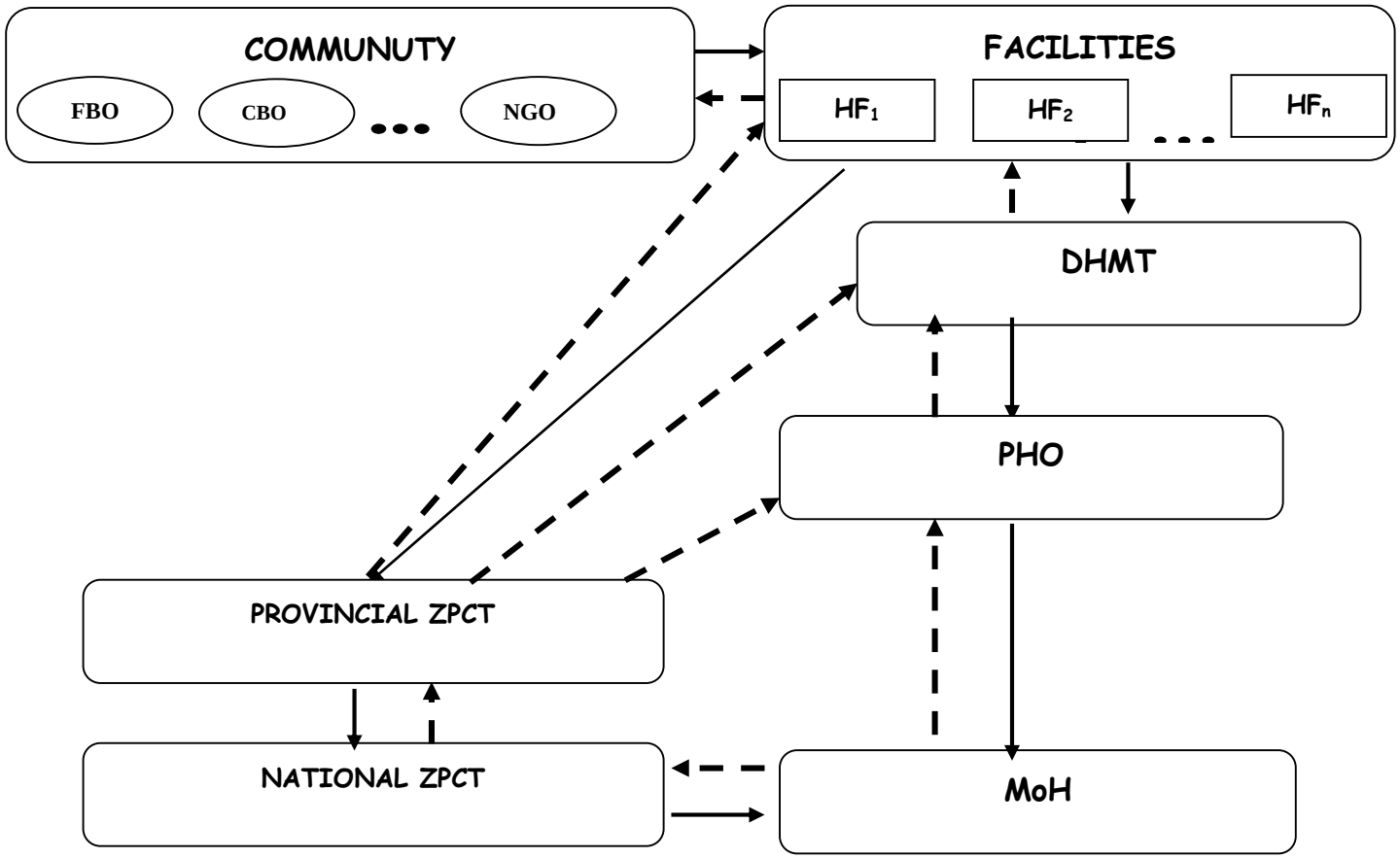


Management Information System and Data Flow

The trained service providers (counselors, health workers and others) at the community and health facilities levels will record interactions with clients in the relevant registers and documents as the events occur. Data from these tools will be summarized on standard HMIS report forms and submitted to the DHO and PHO. In facilities where the ZPCT II seconded DECs will be assigned, they will help in the compilation of these data and the transcription of the same onto the ZPCT II Summation Forms (primary ZPCT II aggregation tools). The summarized data are certified by the officer in charge of the facility and submitted to the provincial M&E Officer in their province for aggregation.

The provincial ZPCT II M&E officer will then review the information on the forms for consistency and correctness. When this is done and the records certified accurate, the data will be entered into the appropriate database at the ZPCT II provincial office. After the data from all implementing sites and partner NGOs supported by the provincial office has been entered and validated, it will analyzed at the provincial level. An analytical report will be produced and sent along with the data to the ZPCT II Lusaka office through the provincial program manager.

The following Data flow chart shows a pictorial representation of how data is transmitted between the different stakeholders



Information Flow

Feedback

The provincial ZPCT II offices will provide feedback to all stakeholders (the partners, DHO and PHO) and the various sub-grantees during the monthly feedback meetings (or contacts) held in each district. In addition, electronic copies of the monthly data files will be sent to the ZPCT II Lusaka office (by email or otherwise) by the 12th of the following month. The ZPCT II SI unit will also provide feedback to the provincial ZPCT II offices and the various stakeholders at the national level (MoH, NAC, and ZPCT II partners).

When the submission by any implementing site has any error(s), the provincial ZPCT II office staff will work with the concerned site staff to effect the necessary corrections before the data is entered into the database at the provincial ZPCT II office level as part of the feedback.

Implementing site managers will be involved in the monitoring of site project activities that will be documented through a report. Staff of the various partners in the provincial and Lusaka office also carry out monitoring visits to examine activities and records. Some technical assistance will be provided during the monitoring visit by staff of ZPCT II and other partners.

c. Types of data collection systems under ZPCT II

The performance monitoring plan identifies two broad sub-systems for the routine data collection and reporting:

Facility-based Health Management Information Sub-system:

Recently, the HMIS underwent revisions to eventually include ART and CT/PMTCT service information. The ZPCT II SI staff worked closely with the MOH and other partners such as CDC, HSSP and others to avoid duplicating existing systems and minimize the reporting burden on clinical staff. Consequently, the SI team will continue to coordinating with the MoH, NAC, CDC and other partners throughout the program period in order to achieve these goals. As the ZPCT II project rolls out, it will use the existing data collection and reporting systems put in place by the MOH

The following is a brief description of current facility-based data collection systems by technical area.

i. Adult Care and Support services

Data for Adult Care and Support services will be captured in the SmartCare and ARTIS data collection tools at the facility level. On a monthly basis, patient data from either SmartCare or ARTIS Registers will be transcribed onto a Monthly ART or Care and Support Summation Sheet and sent to the ZPCT II provincial M&E officer. Subsequently, all sites running the SmartCare system will generate the summation sheets by running the report directly from SmartCare. This summation sheet output will then be entered into the ZPCT II MS Access database and this database will in turn be sent electronically to the ZPCT II provincial Office. The adult care and support services data are disaggregated by gender.

ii. Pediatric Care and Support services

Pediatric Care and Support services data will be captured in the SmartCare and ARTIS data collection tools at the facility level. On a monthly basis, patient data from either SmartCare or ARTIS Registers will be

transcribed onto a Monthly ART or Care and Support Summation Sheet and sent to the ZPCT II provincial M&E officer. Subsequently, all sites running the SmartCare system will generate the summation sheets by running the report directly from SmartCare. This summation sheet output will then be entered into the ZPCT II MS Access database and this database will in turn be sent electronically to the ZPCT II provincial Office. The pediatric care and support services data are disaggregated by gender.

iii. Adult HIV/AIDS treatment services

Data for adult HIV/AIDS treatment services will be captured in the SmartCare and ARTIS data collection tools at the facility level. On a monthly basis, patient data from either SmartCare or ARTIS Registers will be transcribed onto a Monthly ART or Care and Support Summation Sheet and sent to the ZPCT II provincial M&E officer. Subsequently, all sites running the SmartCare system will generate the summation sheets by running the report directly from SmartCare. This summation sheet output will then be entered into the ZPCT II MS Access database and this database will in turn be sent electronically to the ZPCT II provincial Office. Data for Adult HIV/AIDS treatment services are collected, stored and reported by gender.

iv. Pediatric HIV/AIDS treatment services

The management of data for pediatric HIV/AIDS treatment services will be done using SmartCare and ARTIS as data collection tools at the facility level. On a monthly basis, patient data from either SmartCare or ARTIS Registers will be transcribed onto a Monthly ART or Care and Support Summation Sheet and sent to the ZPCT II provincial M&E officer. Subsequently, all sites running the SmartCare system will generate the summation sheets by running the report directly from SmartCare. This summation sheet output will then be entered into the ZPCT II MS Access database and this database will in turn be sent electronically to the ZPCT

II provincial Office. Data for pediatric HIV/AIDS treatment services are collected, stored and reported by gender.

v. Male Circumcision

Male circumcision data will be collected on a client form similar to the SmartCare form and then entered into a basic MS Access database at the service delivery point by a DEC. This electronic database will be sent to the DHIO and ZPCT II provincial office on a monthly basis for further aggregation and reporting.

vi. Counseling and Testing Services

Data for Counseling and testing services will be collected using an Integrated CT-PMTCT Register at the facility level or SmartCare for CT/PMTCT where this system is installed. The facility will then aggregate and summarize this information onto a CT/PMTCT monthly summary form that is entered into the ZPCT II database and sent to their respective DHIO and ZPCT II provincial office every month. At the ZPCT II provincial office, the data reviewed and merged with the provincial level ZPCT II database which is sent to

the ZPCT II Lusaka office. Feedback is done as needed in the case of inconsistencies at all levels. Data are disaggregated by gender at all levels

vii. PMTCT Services

Data for PMTCT services will be collected using an Integrated CT-PMTCT Register at the facility level or SmartCare for CT/PMTCT where this system is installed. The facility will then aggregate and summarize this information onto a CT/PMTCT monthly summary form that is entered into the ZPCT II database and sent to their respective DHIO and ZPCT II provincial office every month. At the ZPCT II provincial office, the data reviewed and merged with the provincial level ZPCT II database which is sent to the ZPCT II Lusaka office. Feedback is done as needed in the case of inconsistencies at all levels.

viii. TB/HIV Care

The data collection for TB/HIV care is integrated within the Care and Support systems as well as the CT system. Data on person receiving TB treatment while on HIV is collected together with all other Care and support indicators. On the other hand, data on the linkage between TB and HIV in terms of TB infected clients counseled is collected as part of the CT statistics and system. These indicators are presented in Annex D: ZPCT II Indicator Matrix. TB/HIV data are all disaggregated by gender.

ix. Laboratory Services

Data for the laboratory will be collected from the Laboratory Tests Register and compiled on the Laboratory Monthly Summation Forms. These forms will be sent to the ZPCT II provincial office every month. At the provincial level, these data will be entered into the ZPCT II database and sent to Lusaka office. Feedback will be done as needed in the case of inconsistencies at all levels.

x. Gender

Data sources for Gender activities in ZPCT II will come from a variety of sources across all program areas listed above. Some of the data to track implementation of the Gender strategy will be extracted from program reports indicating the production of training manuals revised to include gender-related issues in all training packages. The majority of gender-related data will be extracted from the existing information systems listed above which have been designed with a gender focus for each technical area. Further data will be obtained from community and district level data sources as applicable.

Community-based Services Sub-system:

The community-based services sub-system focuses on activities undertaken in non-health facility settings, including home-based care, and community mobilization. Established standardized recording and reporting protocols will measure relevant input, process and output indicators for each activity area. Data will be collected every month by the implementing partners (CBOs, NGOs, and FBOs receiving sub-grants from CARE, the ZPCT II community partner) and sent to the provincial program office or Lusaka office where these will be compiled into monthly, quarterly and annual reports. The quarterly reports will be used to

facilitate quarterly feedback sessions with partners in each province. The feedback sessions will serve the purposes of:

- building partners' capacity to use data for decision-making;
- ensuring that the data are being used by all partners to measure progress, and;
- examining barriers to achieving expected results.

While implementing partners will be sending monthly statistics disaggregated by gender directly to the ZPCT II M&E officer, ZPCT II partners (who have sub-granted out to implementing partners) will be responsible for ensuring the quality of the data collected by the CBOs, NGOs, and FBOs. These community implementing partners will collect data on paper-based standardized forms. When received at the ZPCT II provincial office, these data will be entered into the ZPCT II database.

Data management, dissemination and use

A critical component of an M&E plan is the plan for data use and dissemination. Findings from the analysis of the data collected are fed back to the implementing partners, including health facilities, DHOs and PHOs, District AIDS Task Force, the community, and other stakeholders for program improvement and the appropriate design of future interventions. Every effort is made to ensure that data dissemination and use is an integral part of the M&E systems.

The data collected by ZPCT II from the implementing partners will be analyzed at implementation/facility level, the provincial level and at the national level in Lusaka to meet the information requirements at each level. The summary data will be disseminated to various stakeholders through different forums/reports in user friendly ways. Provincial and national level dissemination workshops will be conducted with relevant MOH program managers, NGOs and collaborating agencies. Community-level dissemination will be conducted as appropriate in order to feedback key findings to partner organizations and communities. Quarterly, bi-annual and annual reports are generated and sent to USAID.

One of the major responsibilities of ZPCT II is to ensure that all partners understand the need to generate data. The uses to which the data generated are put to include:

- Promoting record keeping as a part of regular program activities. (This is critical not only for M&E purposes, but also for facilitating auditing procedures.);
- Documenting project performance – to encourage accountability;
- Determining whether the project is being implemented as planned. Are proposed activities implemented as scheduled?
- Informing decisions about the appropriateness of the resources and strategies being deployed as well as the need to adjust them. (This can identify weaknesses of a program that need improvement or phase-out.);
- Inform the decisions about the scope of the project;

- Documenting lessons learned – from time to time the ZPCT II, with support from FHI, organizes M&E meetings among implementing agencies and partners to share M&E experiences and lessons learned. From previous experience, such meetings have encouraged commitments to monitoring and evaluation activities;
- Highlight the successful strategies or program components for replication, scale-up, etc.;
- Informing routine reporting to donors and other stakeholders;
- Conducting advocacy to stakeholders and policy makers to sustain their support and to make them commit resources to the project.

Sharing information with other stakeholders is important, and a plan for sharing information internally and with outside partners is necessary. Some implementing agents will be working with specific groups, and feedback mechanisms to these groups will be undertaken as part of a participatory monitoring process.

These feedback sessions will occur quarterly with DHOs with participation of PHOs. Persons who attend these quarterly meetings will include ZPCT II project staff members, DHO staff members, PHO staff members, community leaders, and other officials. ZPCT II will not conduct feedback sessions directly to individual health facilities but at the district level

Data quality management system

The PEPFAR Strategic Information Manual has outlined a set of minimum data quality criteria:

- Validity: data must reflect what we intended to measure.
- Reliability: consistency in collecting data of the same quality.
- Timeliness: collecting, collating and reporting data in a timely manner so that information is still relevant.
- Precision: data free from bias and error as much as possible.
- Integrity: data free of manipulation (whether by respondents or by collectors).

The following is an illustrative list of steps taken to ensure that these five criteria are satisfied:

- A dictionary for indicators will be developed so that all persons involved with data collection have the same understanding of the indictors.
- Appropriate training on data collection and use of data collection tools will be conducted;
- Tools to be used for data collection will be simplified.
- Routine supervision of data collection and review forms to identify errors and provide mentoring will be conducted.
- Data collection tools will be field tested before general use.
- Data collection methods will be standardized.
- Appropriate methods of data storage to prevent data tempering (i.e., locked file cabinets, security-protected computers) will be used.

- Data entry programs will include consistency checks.
- Deadlines for data reporting and develop mechanisms to follow-up missed deadlines will be established.

The ZPCT II M&E staff will develop a data quality plan (DQP) that is consistent with the DQP template in the PEPFAR Strategic Information Manual.

H. Data Quality Assurance

Data Quality Assurance and Assessments (DQA)

To ensure the overall quality and integrity of data reported to USAID, ZPCTII provincial implementation teams will through TA-support from Lusaka Strategic Information staff carry out routine inter-provincial data quality assessments and data verification exercises in all supported-sites, following the Standard Operating Procedure (SOP) for Routine Data Collection and Management, adapted for ZPCTII as well as the data quality assessment (DQA) SOP and checklist. Capacity of the provincial-level M&E Officers will be built through cascades of mentorship and training to enable them set-up and implement internal data verifications and DQA routinely before transmitting generated data to the next reporting level. The DQA process applies to data housed at the ZPCTII National, and Provincial Offices'data including MoH at Provincial, District and Facility Level. Basically, during DQA visits to health facilities the visiting M&E team will compare the reported data with data available on the health site Monthly Summation Forms (MSFs), Registers and Client folders/Forms by matching the summary statistics. The DQA checklist proposed for use will attempt to check compliance of the routine data to the 6 dimensions (Completeness, Conformity, Consistency, Accuracy, Duplication and Integrity) of data quality. Additionally, in line with the principle of 'Three-Ones', ZPCTII participates in joint data quality assurance (DQA) exercise with MoH and USAID and attends regular national level M&E meetings, through which efforts to ensure data quality, data utilization and the harmonization and use of standard M&E tools are discussed as part of the strategy for a common national M&E framework.

Quality Assurance/Quality Improvement (QA/QI)

Assessing the quality of care and services provided is an integral component of ZPCT II project implementation. The primary purpose of assessing quality of care and quality of services is to determine aspects of service delivery that need improvement by comparing actual performance to established national or international standards. 'Quality of care' refers to the way in which clients are treated during their interaction with the provider (whether facility-based or community-based provider), and 'quality of services' refers to the level of readiness to provide the services (i.e., infrastructure, availability of trained staff, drug supplies).

ZPCT II has a Quality Assurance (QA)/ Quality Improvement (QI) Plan. The plan outlines ZPCT QA/QI strategies, approaches for collaboration with the MOH and other key partners, roles and responsibilities of partners, dissemination and implementation of QI results.

I. Reporting and Dissemination

Data obtained from the project will be disseminated and used by both the program managers and the technical assistance organization (FHI360 and her partners) to the extent possible. Where applicable, the data will guide programming and re-programming efforts including scaling-up of services to areas where populations in need can be served. Three most strategic reports to donors shall be:

Quarterly Progress Reports: FHI360 will prepare and submit to the USAID/MoH quarterly. The quarterly progress report will cover:

- Executive summary of quarterly accomplishments
- Achievements versus targets by program area
- Progress during the quarter (activities completed, benchmarks achieved) by program area
- Challenges encountered and solutions proffered
- Success stories
- Documentation of best practices/lessons learnt that can be taken to scale
- List of upcoming events with dates

Semi-Annual Reports (SAPR): FHI360 will prepare and submit to the USAID/MoH a semi-annual report after the end of every six months. The time-frame will be synchronized with the USG fiscal year and PEPFAR planning and reporting cycle. Semi-annual reports will cover the period October 1 to March 31 and April 1 to September 30. Specific reporting timelines are dependent on guidance from USAID received during a USAID organized IP's meeting. The template for reporting is also provided by USAID.

Annual Reports (APR): FHI360 will prepare and submit to the USAID/PEPFAR annual reports covering the period October 1 to September 30. The time-frame will be synchronized with the USG fiscal year and PEPFAR planning and reporting cycle. Specific reporting timelines will also be dependent on guidance received from USAID. The template for reporting is also provided by USAID.